

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. Impower
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")
668 N Orlando Ave
Suite 210
Mailing Address of Business
Maitland FL 32751
City State Zip Code
3. Florida County of principal place of business: Orange
(see instructions if more than one county)
FEI Number: 65-0439778

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This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

- | | |
|--|--|
| 1. Last _____ First _____ M.I. _____
Address _____
City _____ State _____ Zip Code _____ | 2. Last _____ First _____ M.I. _____
Address _____
City _____ State _____ Zip Code _____ |
|--|--|

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

- | | |
|--|---|
| 1. <u>Intervention Services, Inc.</u>
Entity Name
<u>668 N Orlando Ave, S210</u>
Address
<u>Maitland FL 32751</u>
City State Zip Code
Florida Document Number <u>N49785</u>
FEI Number: <u>65-0439778</u>
<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable | 2. _____
Entity Name

Address

City State Zip Code
Florida Document Number _____
FEI Number: _____
<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable |
|--|---|

Section 3

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature] 2/23/13 abaznik@isifl.org
Signature of Owner Date E-mail address: (to be used for future renewal notification)
Phone Number: 407-215-0095

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner Date Signature of Owner Date

Mark the applicable boxes ☐ Certificate of Status — \$10 ☐ Certified Copy — \$30

NON-REFUNDABLE PROCESSING FEE: \$50

CR4E001 (9/10)